

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

() Declaration submitted with initial filing or
 () Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET PU4754USw
First Names Inventor: Brian Daniel DOAN
<u>Complete if known:</u> App No.:
Filing Date
Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PREPARATION OF STEREOISOMERS OF (3 ALPHA/BETA, 6 ALPHA/BETA) HEXAHYDROFURO '2,3-B! FURAN-3-OL

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on 25 June 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/20094 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/392,677	06/27/2002
2.	
3.	

**COMBINED DECLARATION FOR UTILITY or DESIGN
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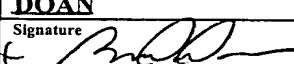
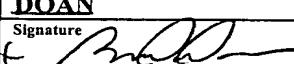
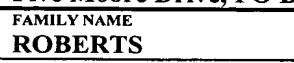
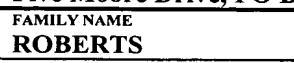
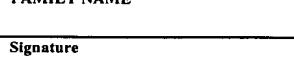
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number <u>23347</u> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to: Karen L. PRUS 919-483-2192
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1 - 2	FULL NAME OF INVENTOR DOAN	FAMILY NAME 	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL Daniel
0	INVENTOR'S SIGNATURE 			Date: X 24 Feb 2004
1	RESIDENCE & CITIZENSHIP King of Prussia	CITY PA	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR PATTERSON	FAMILY NAME 	FIRST GIVEN NAME Daniel	SECOND GIVEN NAME/INITIAL Edward
0	INVENTOR'S SIGNATURE 			Date:
2	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR ROBERTS	FAMILY NAME 	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL C.
0	INVENTOR'S SIGNATURE 			Date:
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0	INVENTOR'S SIGNATURE 			Date:
4	RESIDENCE & CITIZENSHIP CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY

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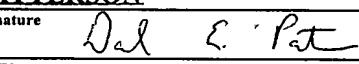
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2 - 90	FAMILY NAME PATTERSON	FIRST GIVEN NAME Daniel	SECOND GIVEN NAME/INITIAL Edward
0	INVENTOR'S SIGNATURE 	Date: 23/Febr/06	
	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
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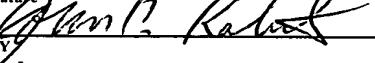
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